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Atty Dkt. No. 112780-039

SEP 02 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application Of:

H. Yamamoto

For: SLIDING CONTACT SEAL
STRUCTURE IN SHAFT PORTION

Serial No.: 10/735,105

Filed: December 11, 2003

Examiner: Enoch E. Peavey

Art Unit: 3676

Conf. No. 1880

CERTIFICATE OF TRANSMISSION

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September 2, 2005.


Michael S. LeonardCERTIFICATE OF TRANSMISSION BY FACSIMILE

VIA FACSIMILE TO (571) 273-8300

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

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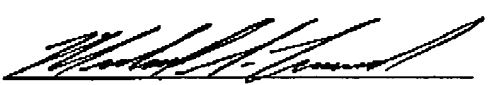
1. Amendment Transmittal (1 pg.); and
2. Response to Office Action (5 pgs.).

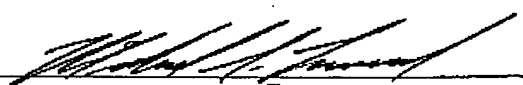
Respectfully submitted,

EVEREST INTELLECTUAL PROPERTY LAW GROUP

Date: September 2, 2005

BY


Michael S. Leonard
P.O. Box 708
Northbrook, IL 60065
Phone: (847) 272-3400

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 112780-039	
Applicant(s): H. Yammamoto						
Application No. 10/735,105	Filing Date 12/11/2003	Examiner Enoch E. Peavey	Customer No. 43793	Group Art Unit 3676	Confirmation No. 1880	
Invention: SLIDING CONTACT SEAL STRUCTURE IN SHAFT PORTION						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	3 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-3189 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: September 2, 2005			
Michael S. Leonard, Reg. No. 37,557 Everest Intellectual Property Law Group P.O. Box 708 Northbrook, IL 60065 Tel: (847) 272-3400			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Typed or Printed Name of Person Mailing Correspondence </div>			
CC:						

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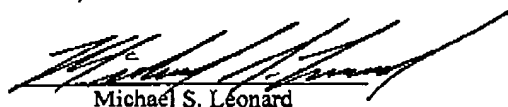
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Michael S. Leonard**RESPONSE TO OFFICE ACTION**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Response is submitted with in response to the non-final Office Action mailed June 3, 2005. Applicant requests reconsideration and allowance of the patent application.

Applicant invites the Examiner to call Applicant's Representative to discuss any issues with this application.

Listing of Claims begins on page 2 of this Response.

Remarks begin on page 3 of this Response.